

Report to

**Joint Legislative Oversight Committee on Mental Health,
Developmental Disabilities and Substance Abuse Services**

On

**Status of the Development of a Tiered System of Home and Community
Based Waiver Services for Persons with Developmental Disabilities**

Session Law 2007-323, House bill 1473, Section 10.49(dd)

March 1, 2008

**Department of Health and Human Services
Division of Mental Health, Developmental Disabilities
and Substance Abuse Services
and
Division of Medical Assistance**

Status of the Development of a Tiered System of Home and Community Based Waiver Services for Persons with Developmental Disabilities

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The Department of Health and Human Services (DHHS) Division of Mental Health, Developmental Disabilities and Substance Abuse Services (DMH/DD/SAS) and Division of Medical Assistance (DMA) are responsible for the operational and administrative functions of the 1915(c) Home and Community-Based Waiver for persons with Developmental Disabilities. The current Comprehensive Waiver, known as the Community Alternatives Program for Mental Retardation/Developmental Disabilities (MR/DD) or Community Alternatives Programs for Persons with mental retardation and other Developmental Disabilities (CAP-MR/DD) Waiver, has been effective since September 1, 2005 and will expire August 31, 2008. The Comprehensive Waiver was intended to move the system of services and supports for individuals with developmental disabilities forward with system transformation. The Comprehensive Waiver emphasized a focus on participant centered outcomes, Person Centered Planning and flexibility within the available service array. The state system has continued to benefit from the knowledge gained during the operation of the Comprehensive Waiver.

This knowledge has provided us with a better understanding related to important factors in the creation of the tiered waivers. These factors include: identified gaps in the service array and in service delivery and ways to best address those gaps; initiation of opportunities for consumers to self-direct some services; the need for a better assessment of service and support needs of individuals being served; and a more user-friendly Waiver manual.

The development of the tiered waivers system of services and supports for persons with developmental disabilities is an opportunity to create a system that is more responsive to the individual needs of persons while addressing the need to be fiscally responsible. The service array for each of the tiered waivers will be designed specifically within each waiver, focusing on the expected support needs of individuals targeted within the waiver(s). Other specific elements of the waivers will allow for a more individualized approach to service delivery. Self-direction and individual budget management through a financial management entity will be an option in at least one of the tiered waivers.

With a self-direction approach, the individual and/or the family, rather than the provider agency, has lead responsibility and authority for hiring, screening, training and supervision of individual support and service staff. Individuals participating in self-direction are provided supports to assist them with carrying out their responsibilities as employers. The financial management service is provided by a third-party entity to assist the individual or family to manage and distribute funds contained in the individual budget. The role of the financial management entity includes conducting employer-related tasks, including payroll and federal, state and local tax withholding/payments, unemployment compensation fees, wage settlements, fiscal accounting and expenditure

reports, etc. The DHHS will utilize a Request for Proposals selection process to recruit and secure a financial management vendor.

Other supports necessary for individuals participating in self-direction include assistance with aiding the individual to recruit workers and training the individual to supervise and manage their employees. These supports are provided through a Supports Broker. The case manager is responsible for assisting the individual with accessing services and supports, Person Centered Planning and monitoring services and supports. The responsibility for ensuring that providers are qualified and competent by monitoring the quality of the services and supports is shared between the individual, the DHHS and the financial management entity.

Other important components of the tiered waivers include the use of the Supports Intensity Scale (SIS) as an assessment tool to fully support the person centered planning process. The SIS is a strengths-based assessment tool that supports planners to comprehensively address the intensity of supports needed to enable the individual to participate fully in their community. The use of the SIS will allow for statewide data collection on those individuals receiving services and supports on the tiered waivers and the result can help the DHHS better plan and support individuals with developmental disabilities.

The framework for the tiered waivers includes the following;

- Tier 1 is intended for individuals who have a low level of service and supports needs. Individuals will have the option to use self-direction in this waiver. The service array will be specific to the needs of individuals who meet entrance criteria for this waiver. In general, this waiver will only support individuals living in their own or their family's home.
- Tier 2 is intended for individuals who have moderate service and supports needs. Most individuals currently receiving services on the Comprehensive Waiver will meet the entrance criteria for this waiver. Individuals will have the option to use self-direction in this waiver if they are living in their own or their family's home.
- Tier 3 is intended for individuals who experience severe medical fragility and or severe behavioral challenges. The service array will be designed to include services and supports to meet the needs of individuals with these challenges and will include specific behavioral support definitions. Due to the highly complex needs of individuals served through this waiver, self-direction would not be an appropriate option.

Training all stakeholders regarding the details of the waivers is a critical component of the development and implementation of the tiered waivers. Training plans for the specifics of each of the waivers are being developed as the waivers are being written. The DHHS is committed to planning and implementing training to meet the needs of all stakeholders.

DMH/DD/SAS and DMA have worked collaboratively with community stakeholders (consumers, families, local management entities (LMEs), providers, advocacy groups, etc.) in the development of the tiered waivers. Internal workgroups developed initial drafts outlining the proposed details of each of the waivers. Meetings were held with External Stakeholder Workgroups to review the draft waivers, to provide information to the stakeholders and receive input and feedback to use in the creation of the final tiered waivers. Public Forums are planned to be held in various locations across the state to provide opportunities for stakeholder participation. A video conference is also planned and the draft waivers will be posted on the DMH/DD/SAS and DMA websites to inform the public and collect input and feedback when the waivers have been completed. The feedback from stakeholders will be considered and incorporated into the tiered waivers as appropriate.

In summary, the DHHS will continue to benefit from our learning from the operation of the Comprehensive Waiver. This information will support the development of a tiered system of services and supports that is responsive to individuals and families. Self-direction is a valued practice that will be included in the tiered waivers. The tiered waivers will provide service definitions tailored to the needs of the specific population of each tier and will further support individualize services and supports. The use of the Supports Intensity Scale will provide a more comprehensive assessment process that will serve to inform the person centered planning process.

We will continue to work closely with all stakeholders in the development and implementation of the tiered waivers. The DHHS has received considerable feedback and is strongly considering the addition of a fourth waiver, therefore submission of the tiered waivers to the Centers for Medicare and Medicaid Services (CMS) may be delayed beyond March 1, 2008.